

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Councilman FIRST PODERA MI		OFFICE USE ONLY
	NICKNAME VEREZ LAST VEREZ SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 5344 San Antonio, TX 78201		Date Received
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE KEVIN FIRST KEVIN MI		Receipt #
	NICKNAME MESSENGER LAST MESSENGER SUFFIX		Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 3481 Fredericksburg Rd. Suite 1 San Antonio, TX 78201		
	AREA CODE PHONE NUMBER EXTENSION (210) 938.4945		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 01 12 / 31 / 01		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 1 / NA / 01 N/A		
11 OFFICE	OFFICE HELD (if any) City Council District 1	12 OFFICE SOUGHT (if known) N/A	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name N/A Address / PO Box: Apt. / Suite #: City: State: Zip Code N/A		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Bobby Perel</u>		15 ACCOUNT # (Ethics Commission files)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<small>** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **</small>		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <u>N/A</u>	
	COMMITTEE ADDRESS <u>N/A</u>		
	COMMITTEE CAMPAIGN TREASURER NAME <u>N/A</u>		
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>N/A</u>		
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)			
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>N/A</u>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3250⁰⁰</u>	
	3 TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>W/A</u>	
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7987⁷²</u>	
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>N/A</u>	
19 AFFIDAVIT <div style="text-align: right;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p><u>[Signature]</u></p> <p>Signature of Candidate or Officeholder</p> </div> <div style="margin-top: 20px;"> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Robert J. Perel</u>, this the <u>14th</u> day of <u>JANUARY</u>, 20 <u>02</u>, to certify which, witness my hand and Seal of Office.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <p><u>Jennifer Mia Wade</u></p> <p>Signature of officer administering oath</p> </div> <div style="width: 40%; text-align: center;"> <p>Printed name of officer administering oath</p> </div> <div style="width: 20%; text-align: right;"> <p>Date of officer administering oath</p> </div> </div> <div style="border: 2px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <p>JENNIFER MIA WADE</p> <p>MY COMMISSION EXPIRES</p> <p>August 14, 2005</p> </div> </div>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SB, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SB)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1: 1	
2 FILER NAME Bobby Perez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/13/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL ANDRADE	7 Amount of contribution (\$) 2000⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 11 ARIANA SAN ANTONIO, TX 78248			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 7/27/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: USAA Political Action Comm.	Amount of contribution (\$) 500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code USAA Building F. B-E San Antonio, TX 78288			
Principal occupation (Optional)		Employer (Optional)	
Date 10/1/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. Seiterle	Amount of contribution (\$) 750⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 118 Broadway Suite 324 San Antonio, TX 78205			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

3050⁰⁰

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1/12

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

AFL-CIO

7 Amount (\$)

6 Payee address; City; State; Zip Code

113 Villita Street
San Antonio, TX250⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Advertising

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Davila Electric

Amount (\$)

Payee address; City; State; Zip Code

San Antonio, TX 78228

32³⁸

Purpose of payment (See instructions regarding type of information required.)

Services

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Aquillion Golf Classic

Amount (\$)

Payee address; City; State; Zip Code

Magnolia
San Antonio, TX 78212125⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Contribution

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Melissa Coulter

Amount (\$)

Payee address; City; State; Zip Code

2826 Vance Jackson
San Antonio, TX 7820610⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Services

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2/2

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

LEE BOOSTER CLUB

7 Amount (\$)

6 Payee address; City; State; Zip Code

JACKSON KELLER Rd.

San Antonio, TX 78212

120.00

8 Purpose of payment (See instructions regarding type of information required.)

Advertising

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

AFL-CIO

Amount (\$)

Payee address; City; State; Zip Code

113 VILLERA St.

San Antonio, TX 78205

60.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Party Creations

Amount (\$)

Payee address; City; State; Zip Code

Magnolia

San Antonio, TX 78212

43.15

Purpose of payment (See instructions regarding type of information required.)

Floral Arrangement

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Josephine Alejandro

Amount (\$)

Payee address; City; State; Zip Code

City Hall

San Antonio, TX 78205

200.00

Purpose of payment (See instructions regarding type of information required.)

Severance Payment

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

3/12

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/8/01

5 Payee name

City of San Antonio

6 Payee address, City, State, Zip Code

City Hall
San Antonio, TX 78205

7 Amount (\$)

5.00

8 Purpose of payment (See instructions regarding type of information required.)

Phone Expenses

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

El Buen Pastor

Payee address, City, State, Zip Code

16th St.
San Antonio, TX 78207

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Donation

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

National Car Rental

Payee address, City, State, Zip Code

San Antonio, TX 78228

Amount (\$)

446.50

Purpose of payment (See instructions regarding type of information required.)

Car Rental for camp related event

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Alamo Dunes

Payee address, City, State, Zip Code

City Hall
San Antonio, TX 78204

Amount (\$)

31.00

Purpose of payment (See instructions regarding type of information required.)

Donation

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4/12

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address: City: State: Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5/12

2 FILER NAME

Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Molera Coulter

7 Amount (\$)

6 Payee address:

City: State: Zip Code

2826 Vance Jackson
San Antonio, TX

22 21

8 Purpose of payment (See instructions regarding type of information required.)

Services

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Mark Diaz / P.L. Solutions

Payee address:

City: State: Zip Code

Amount (\$)

San Antonio, TX

577 F3

Purpose of payment (See instructions regarding type of information required.)

Computer Repairs

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Friends of Sam Houston

Payee address:

City: State: Zip Code

Sam Houston High School
San Antonio, TX 782014

Amount (\$)

500⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Sacred Heart Church

Payee address:

City: State: Zip Code

Commerce St
San Antonio, TX 78207

Amount (\$)

50⁰⁰

Purpose of payment (See instructions regarding type of information required.)

donation

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

Bobby Reves

1 Total pages Schedule F:

6/12

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/13/01

5 Payee name

City of San Antonio

6 Payee address: City: State: Zip Code

City Hall
San Antonio, TX

7 Amount (\$)

19.55

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

9/20/01

Payee name

Robert Tejeda

Payee address: City: State: Zip Code

San Antonio, TX 78205

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

9/20/01

Payee name

Michaels Specialty Stores

Payee address: City: State: Zip Code

BASSE Ln.
San Antonio, TX 78209

Amount (\$)

56.19

Purpose of payment (See instructions regarding type of information required.)

Supplies

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

9/29/01

Payee name

Ivan Melchor

Payee address: City: State: Zip Code

2826 Vance Jackson
Highway 4 San Antonio, TX 78242

Amount (\$)

600.00

Purpose of payment (See instructions regarding type of information required.)

Services rendered

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

Bobby Perez

1 Total pages Schedule F:

7/12

3 ACCOUNT # (Ethics Commission files)

4 Date

10/10/01

5 Payee name

Alta Vista Scholarship Fund

6 Payee address;

City: State: Zip Code

San Antonio, TX 78212

7

Amount
(\$)

50.00

8 Purpose of payment (See instructions regarding type of information required.)

Donation

9

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

10/17/01

Payee name

Bobby Rickhoff Campaign

Payee address;

City: State: Zip Code

San Antonio, TX 78205

Amount
(\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

10/17/01

Payee name

Junior Achievement

Payee address;

City: State: Zip Code

San Antonio, TX 78212

Amount
(\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

10/22/01

Payee name

Alamo Plaza

Payee address;

City: State: Zip Code

City Hall
San Antonio, TX 78205Amount
(\$)

322.00

Purpose of payment (See instructions regarding type of information required.)

Donation

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8/12
3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

4 Date

5 Payee name

7 Amount (\$)

6 Payee address: City: State: Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F 9/12
3 ACCOUNT # (Ethics Commission filers)2 FILER NAME Ruby Perez4 Date 11/1/015 Payee name Kaul Pano Campaign

7 Amount (\$)

6 Payee address; City: State: Zip Code

San Antonio, TX 78207500.00

8 Purpose of payment (See instructions regarding type of information required.)

Contribution

9

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Comp USA

Payee address; City: State: Zip Code

1345E Rd
San Antonio, TX 78209

Amount (\$)

59.29

Purpose of payment (See instructions regarding type of information required.)

Supplies.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

HEB

Payee address; City: State: Zip Code

Olmos Dr.
San Antonio, TX 782012

Amount (\$)

103.21

Purpose of payment (See instructions regarding type of information required.)

Supplies.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

Payee name

Bexar County Democratic Party

Payee address; City: State: Zip Code

San Antonio, TX 78205

Amount (\$)

300.00

Purpose of payment (See instructions regarding type of information required.)

Contribution.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10/12

2 FILER NAME

PABBY PEREZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Melissa Coulter

7 Amount (\$)

6 Payee address:

City: State: Zip Code

2826 Vance Jackson
San Antonio, TX 78212

121.00

8 Purpose of payment (See instructions regarding type of information required.)

Services

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Party Locations

Payee address:

City: State: Zip Code

MAGNANA
San Antonio, TX

Amount (\$)

52.83

Purpose of payment (See instructions regarding type of information required.)

Floral Arrangement

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Alice Salas

Payee address:

City: State: Zip Code

462 Mary Louise
San Antonio, TX 78201

Amount (\$)

675.00

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Cypress Grill

Payee address:

City: State: Zip Code

Cypress Street
San Antonio, TX 78208

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Event Sponsorship

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

1 Total pages Schedule F:

11/12

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Kirk Watson Campaign

7 Amount (\$)

6 Payee address; City; State; Zip Code

Austin, TX

250⁰⁰

8 Purpose of payment (See instructions regarding type of information required.)

Contribution

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Melissa Coulter

Amount (\$)

Payee address; City; State; Zip Code

2826 Vance Jackson
San Antonio, TX 7821278⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Services Rendered

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Robert Garza Campaign

Amount (\$)

Payee address; City; State; Zip Code

San Antonio, TX

400⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Contribution

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Katalin Diaz

Amount (\$)

Payee address; City; State; Zip Code

Luna Tanning Studio School
San Antonio, TX100⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Student Intern Sponsorship

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

SCHEDULE F

1	Total pages Schedule F:	12	(2)
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Robby Perez

3 ACCOUNT # (Ethics Commission files)

5 Payee name

LA KODIE BOGUET

7	Amount (\$)
---	----------------

6 Payee address; City; State; Zip Code

San Antonio, TX

54 89

Floral Arrangement

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name	Office sought	Office held

Payee name

Mail Boxes Etc.

Amount
(\$)

Payee address: _____ City: _____ State: _____ Zip Code: _____

City: State: Zip Code:
McCallough Ave
San Antonio, TX 78209

99 52

Postage Supplies

.. Complete if direct expenditure to benefit C/OH ..

Payee name

Address: Jesse Gonzales Murphy
City: State: Zip Code

Amount
(\$)

Payee address: _____ City: _____ State: _____ Zip Code _____

San Antonio, TX

350..

Contribution

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Payee name

Payee address: _____ City: _____ State: _____ Zip Code _____

Amount
(\$)

.. Complete if direct expenditure to benefit CWOH ..
Candidate / Officeholder name Office sought .. Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED